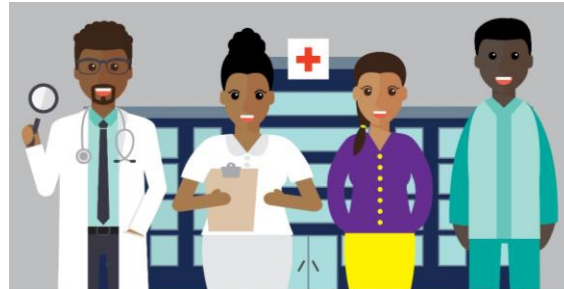# PATA 2017 Continental Summit

'Towards an AIDS free Africa – Delivering on the Frontline'

23-25 December 2017
Johannesburg, South Africa

PATA 2017 Continental Summit Health Facilities
IN NUMBERS

PATA linking and learning
2005 - 2017

- **8** Continental Summits
- **4** Regional Summits
- **40** Local Forums
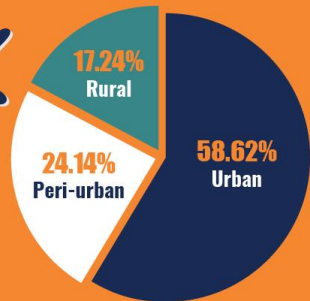- **1** Youth Summit

13TH **PATA** Summit
210 total delegates

- **51** Partner organisations
- **8** Youth Advisory Panel
- **11** Ministry of Health officials
- **30** Support
- **110** Frontline health providers
  - **57** Clinical
  - **53** Psychosocial

58 health facilities from
15 sub-Saharan countries
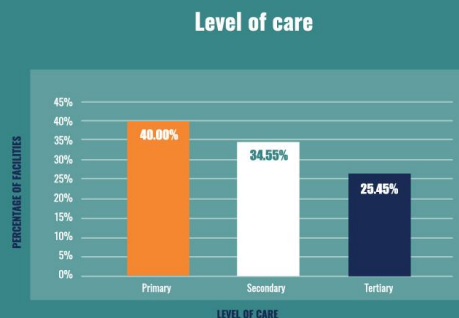
Health facility characteristics

- **17.24%** Rural
- **24.14%** Peri-urban
- **58.62%** Urban

Location

58% Female
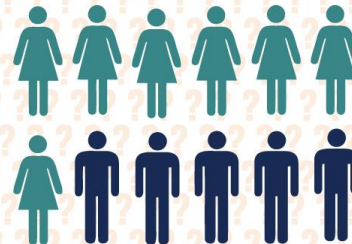
41% Male

40% of health facilities are attending a PATA Summit for the first time

Level of care

PERCENTAGE OF FACILITIES

- Primary: 40.00%
- Secondary: 34.55%
- Tertiary: 25.45%

LEVEL OF CARE

HIV case finding & testing

Top 3 most common paediatric HIV case finding strategies

1. Provider-initiated HIV counselling and testing
2. Targeted family testing
3. Antenatal services

In the past 12 months, **248 186** infants, children, adolescents and young people received HIV counselling and testing

8% tested HIV-positive

HIV treatment, care & support

In the past 12 months, **86%** of those who tested positive and **5852** pregnant and/or breastfeeding HIV-positive women were initiated on antiretroviral therapy (ART)

In total, **84 860** infants, children, adolescents and young people are currently on ART

49% of the total on ART are virally supressed

Approximately **90%** of health facilities reported offering psychosocial support services

Thoughts from the frontline - Providing treatment, care and support for infants, children, adolescents and young people living with HIV

What is working...

"The use of peer supporters to provide education and psychosocial support to their peers" **- Cameroon**

"Encouraging early disclosure with caregivers and one-on-one adherence counselling" **- Swaziland**

"Special clinic days to reduce stigma, encourage peer engagement and support and improve linkages" **- Malawi**

What is challenging...

"Children live with guardians but have not disclosed their status to them, so they don't know why they are taking the drugs and the importance of adhering to the drugs" **– Malawi**

"Few staff are adequately trained in paediatric health services" **– Zambia**

"Psychosocial issues due to lack of family support, neglect, fear of stigma and discrimination from friends, family and partners can lead to poor adherence to ART" **- Tanzania**

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Summit objectives

Summit structure and daily flow

SUMMIT DAILY SCHEDULE

DAY 1 FIND	DAY 2 TREAT	DAY 3 CARE
PLENARY Tech guidance & policies	PLENARY Tech guidance & policies	PLENARY Tech guidance & policies
TEA	TEA	TEA
AFRICA CAFE Rapid showcase of regional & local promising practices	AFRICA CAFE Rapid showcase of regional & local promising practices	AFRICA CAFE Rapid showcase of regional & local promising practices
LUNCH	LUNCH	LUNCH
PEER-TO-PEER DIALOGUES	PEER-TO-PEER DIALOGUES	NEXT STEPS - TAKING IT HOME
TEA	TEA	TEA
PANEL Cross-cutting conversations	PANEL Cross-cutting conversations	CLOSING CEREMONY
DINNER & AWARD CEREMONY	SKILLS-BUILDING SESSIONS	GROUP PHOTO

Big Picture - Framework

Best Practice examples from the frontline

Peer to Peer: What's working well/not so well in groups of clinicians or counsellors

Quality improvements and Regional Collaborations

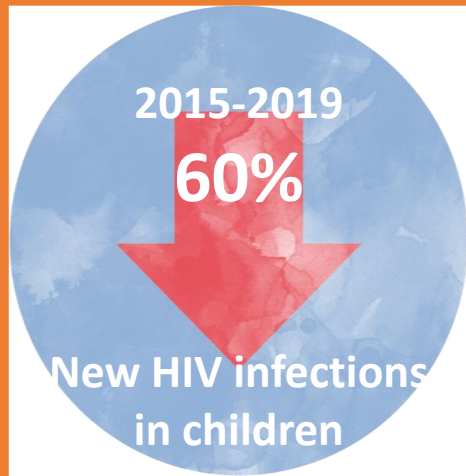Daily Webinars: **UNICEF Learning Collaborative**

https://www.youtube.com/watch?v=5UE3i8ysqWU
https://www.youtube.com/watch?v=5UE3i8ysqWU
https://www.youtube.com/watch?v=iqEBP0MHwEA
https://www.youtube.com/watch?v=02hGt18_Nf4

Skills Building: **Case Consultations**

Day 1: FIND

2015-2019

60%

New HIV infections in children

Day 1 highlighted barriers, shared best practices and lessons learnt in finding and testing children and adolescents living with HIV.
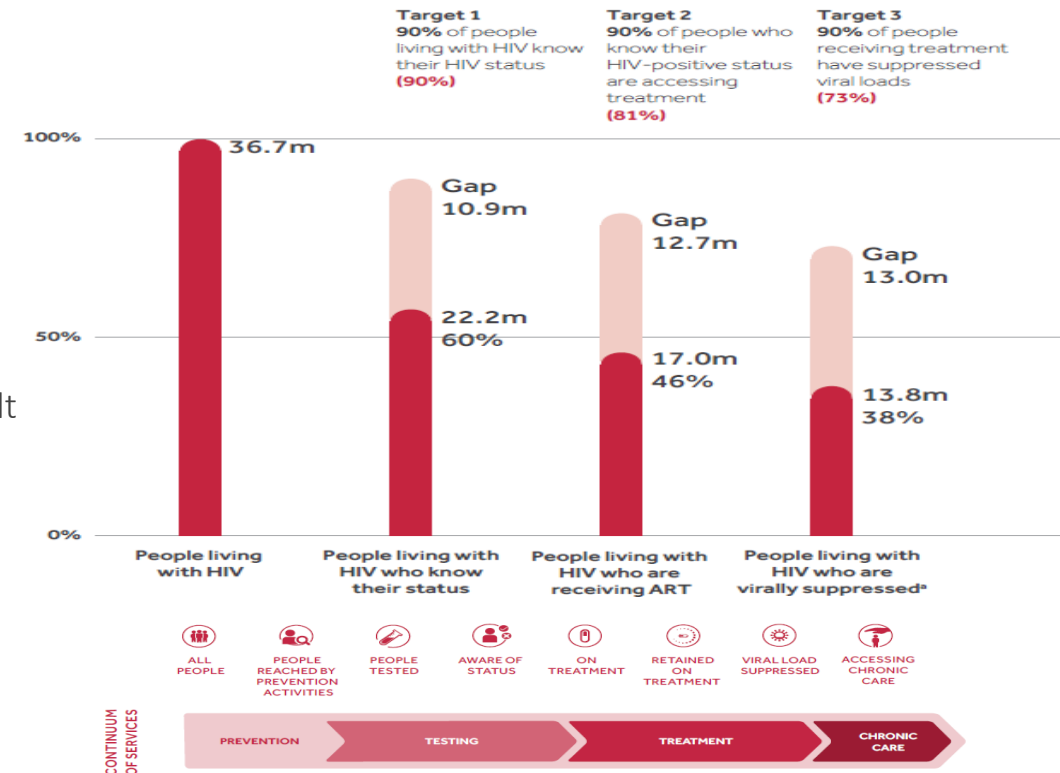
Super-Fast-Track

Start Free – Ensure every child starts life HIV-free, eliminate new HIV infections, reach and sustain pregnant women LHIV on lifelong treatment

Stay Free – Reduce the number of new HIV infections among adolescents and young women and VMMC
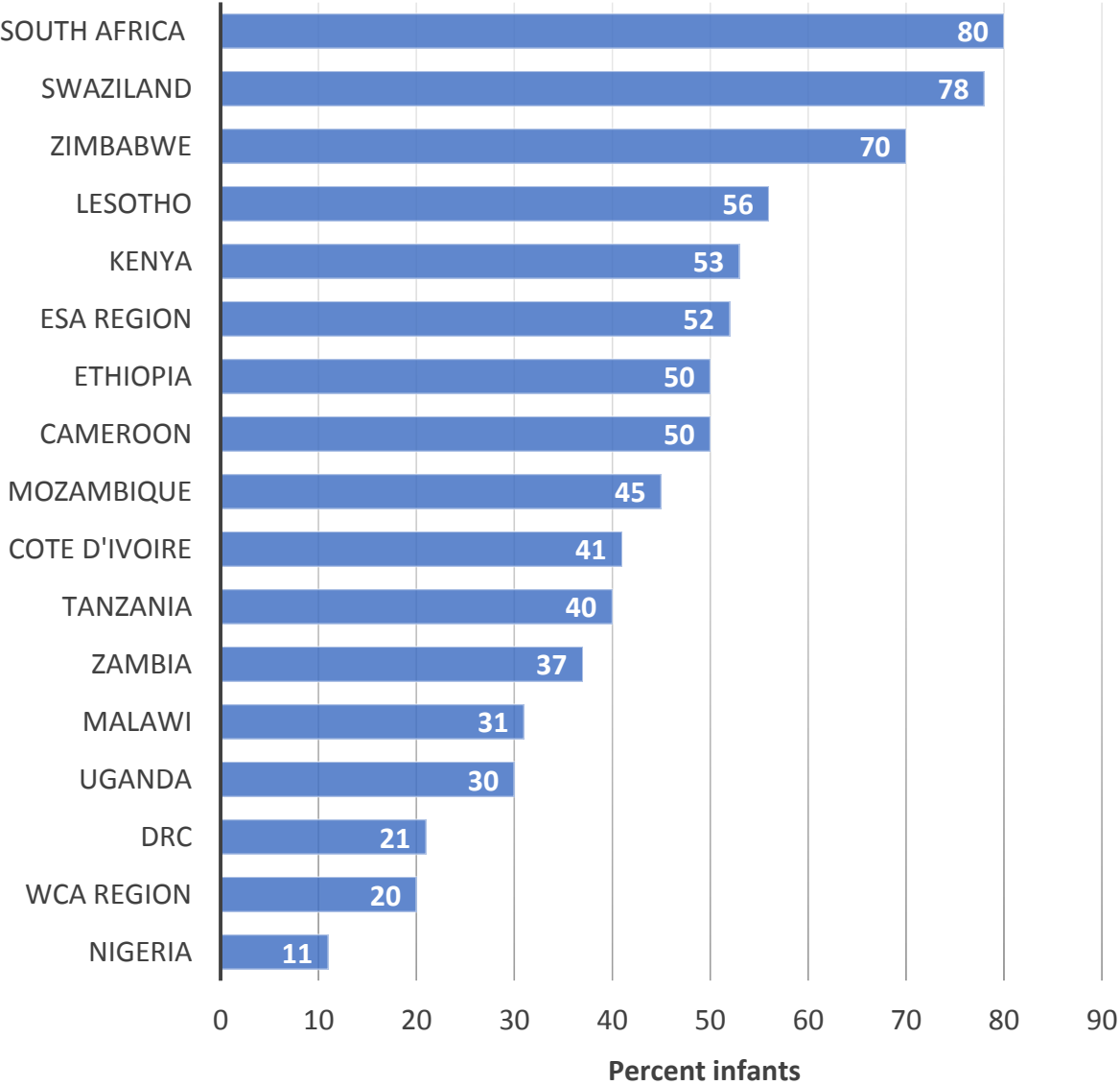
AIDS-Free – Giving every child, adolescent and adult treatment *as soon as* they are diagnosed with HIV and retaining them in care.

START FREE

STAY FREE

AIDS FREE

In Africa in 2016, there are more than one million children (0-14 years) living with HIV who are not yet on treatment

UNAIDS HIV Estimates, 2017

Target 1
90% of people living with HIV know their HIV status
(90%)

Target 2
90% of people who know their HIV-positive status are accessing treatment
(81%)

Target 3
90% of people receiving treatment have suppressed viral loads
(73%)

36.7m

Gap 10.9m

22.2m 60%

Gap 12.7m

17.0m 46%

Gap 13.0m

13.8m 38%

People living with HIV

People living with HIV who know their status

People living with HIV who are receiving ART

People living with HIV who are virally suppressed[a]

ALL PEOPLE | PEOPLE REACHED BY PREVENTION ACTIVITIES | PEOPLE TESTED | AWARE OF STATUS | ON TREATMENT | RETAINED ON TREATMENT | VIRAL LOAD SUPPRESSED | ACCESSING CHRONIC CARE

CONTINUUM OF SERVICES

PREVENTION | TESTING | TREATMENT | CHRONIC CARE

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"FIND" - Early infant diagnosis within 2 months of birth

Country	Percent infants
SOUTH AFRICA	80
SWAZILAND	78
ZIMBABWE	70
LESOTHO	56
KENYA	53
ESA REGION	52
ETHIOPIA	50
CAMEROON	50
MOZAMBIQUE	45
COTE D'IVOIRE	41
TANZANIA	40
ZAMBIA	37
MALAWI	31
UGANDA	30
DRC	21
WCA REGION	20
NIGERIA	11

"FIND" - HIV testing data for older adolescents in select countries

Proportion of 15-19 year olds who had sex in last 12 months and had an HIV test in 12 months prior to survey

Country	Females	Males
Kenya 2014 DHS	65	40
Malawi 2016 DHS	51	31
Rwanda 2015 DHS	61	29
South Africa 2016 DHS	53	39
Uganda 2016 DHS	52	39
Zimbabwe 2015 DHS	60	28

■ Females ■ Males
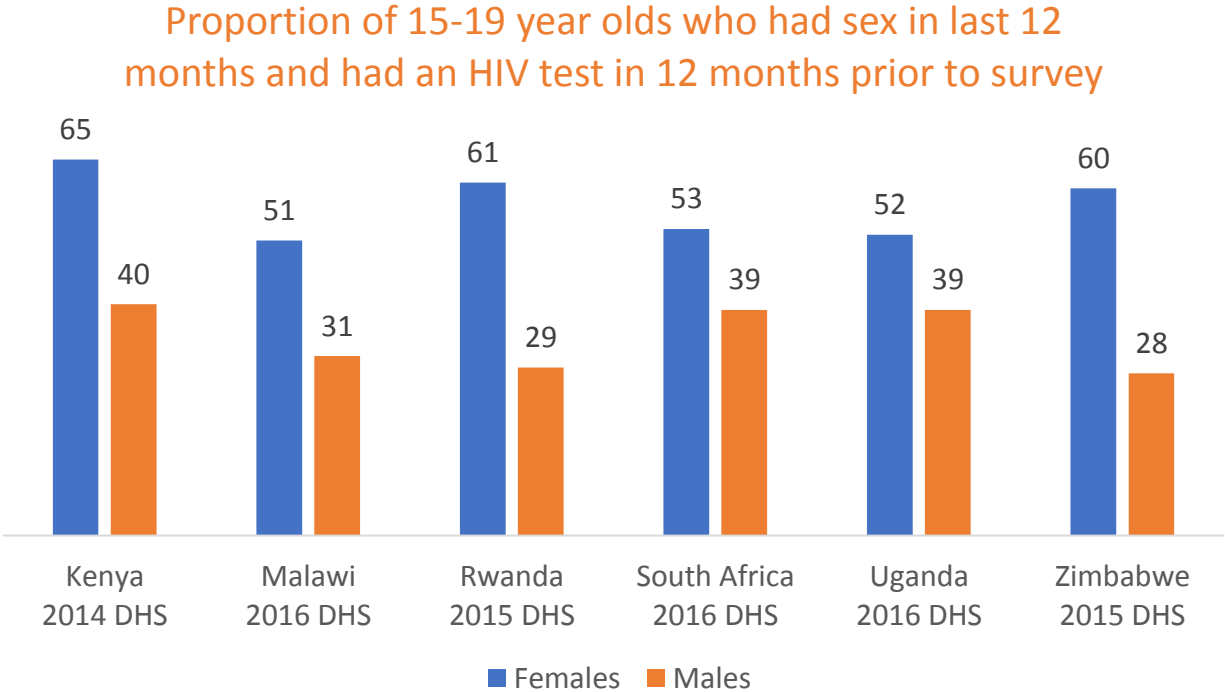
2016	Children 0-14 years	Adolescents 10-19 years
Living with HIV	1,850,000 (88% of global)	1,750,000 (83% of global)
On Treatment	803,000 (43% of CLHIV)	N/A
AIDS-related deaths	101,000	50,000

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Promising Practices

Strategy	Who	Results	Lessons
5 country – Unfinished Business	CHAI	Zimbabwe – OPD screening, Malawi – Index case testing, Zambia – PITC testing, Lesotho – Community based, Uganda – Consortium led	
Community-based HCT	Ipusukilo Clinic, Zambia	826 tested > 52 positive > 85% initiated on ART	• Strong linkages between community & health facility • Targeted community testing
	EGPAF, Kenya	POC EID piloted in 3 hub facilities > over 200 infants tested	• Human resource constraints • Stigma • Facility operation
Index finding	Fundacao Ariel Glaser, Mozambique	Mobile technology used to index patients > data collected by activists > 8584 located > 12 386 allocated	• Mapping reasons for defaulters • Monitoring performance • Reporting • Partnerships
	Mityana Hospital, Uganda	231 fast-tracked 4092 tested > 82 positive > 82 linked into HIV care	• All family members testing on same day • Stigma • Poverty • Poor attitude
PITC – KYCS (Know Your Child Status Days)	EGPAF, Malawi	KYC: 179 163 tested > 5160 positive > 70% of positive identified at KYCS interventions PITC: 21 100 tested > 599 positive MIP: HEI testing increased by 24%	• Counselling & retention need to be strengthened • Dedicated lay providers
			• Low test kit supplies • Time constraints
Scale-up - PASP	WITS RHI, South Africa	17 381 tested in community testing > 262 positive	• Testing in facility has a higher yield compared to community based testing • Dedicated staff needed
			Few testing opportunities outside PMTCT

Barriers

Lessons

Biomedical

- Challenges of testing (and treating) very young infants and children
- Lengthy turnaround time for HIV test results to reach families
- Maintaining continual availability of test kits

Behavioural

- Fear and stigma (clients, families, communities and health workers
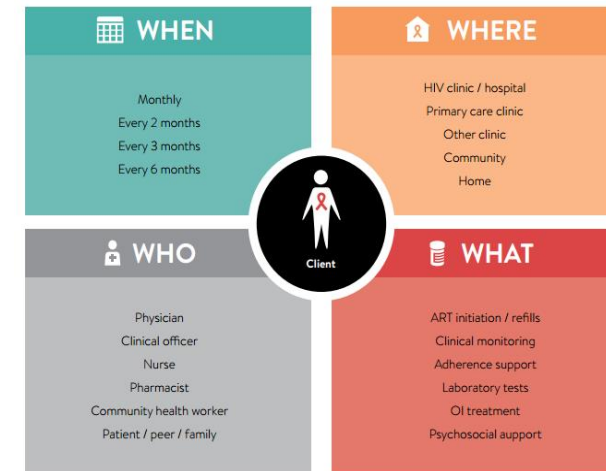- Older children and adolescents have limited contact with health system

Structural

- Missed opportunities in health facilities for younger children
- Consent and guardianship
- Recording and monitoring
- Gender
- Poverty and access

1. **Intensified** – **comprehensive** and **context specific** approach with multiple case finding entry points improves testing opportunities beyond PMTCT
2. **Routine screening**/ PITC in paeds wards & OPD is a high yield strategy
3. **Targeted** OPD and community testing generates higher yield than generalised community testing
4. **Index** case testing is an effective method - varying yield, depending on population, and must therefore be tailored to context – different categories of index
5. **Odd-hour testing** (e.g. evenings/ weekends) is very effective for adolescent populations
6. **Robust tracking systems** – 'consistent & persistent' – to find mom-baby pairs, children & ado
7. **Peer supporters & CHW** are effective tracers – using technology (linkage)
8. **Joint activities** – collaborations between health districts
9. **Effective linkage to treatment** must to be assured in all testing sites
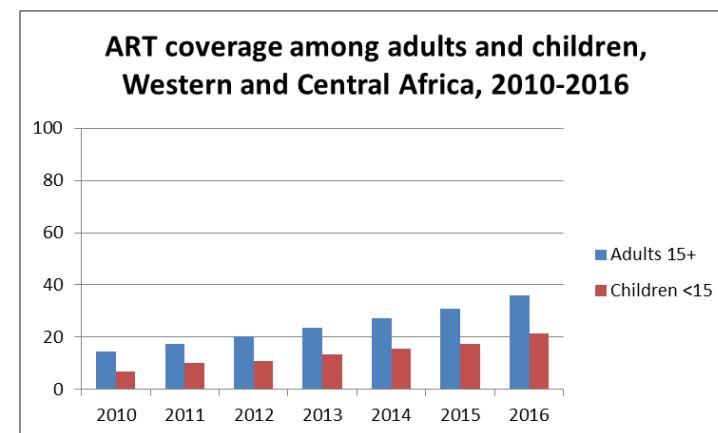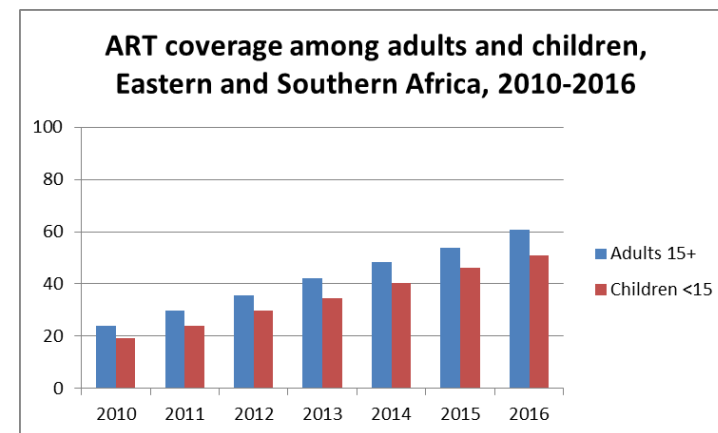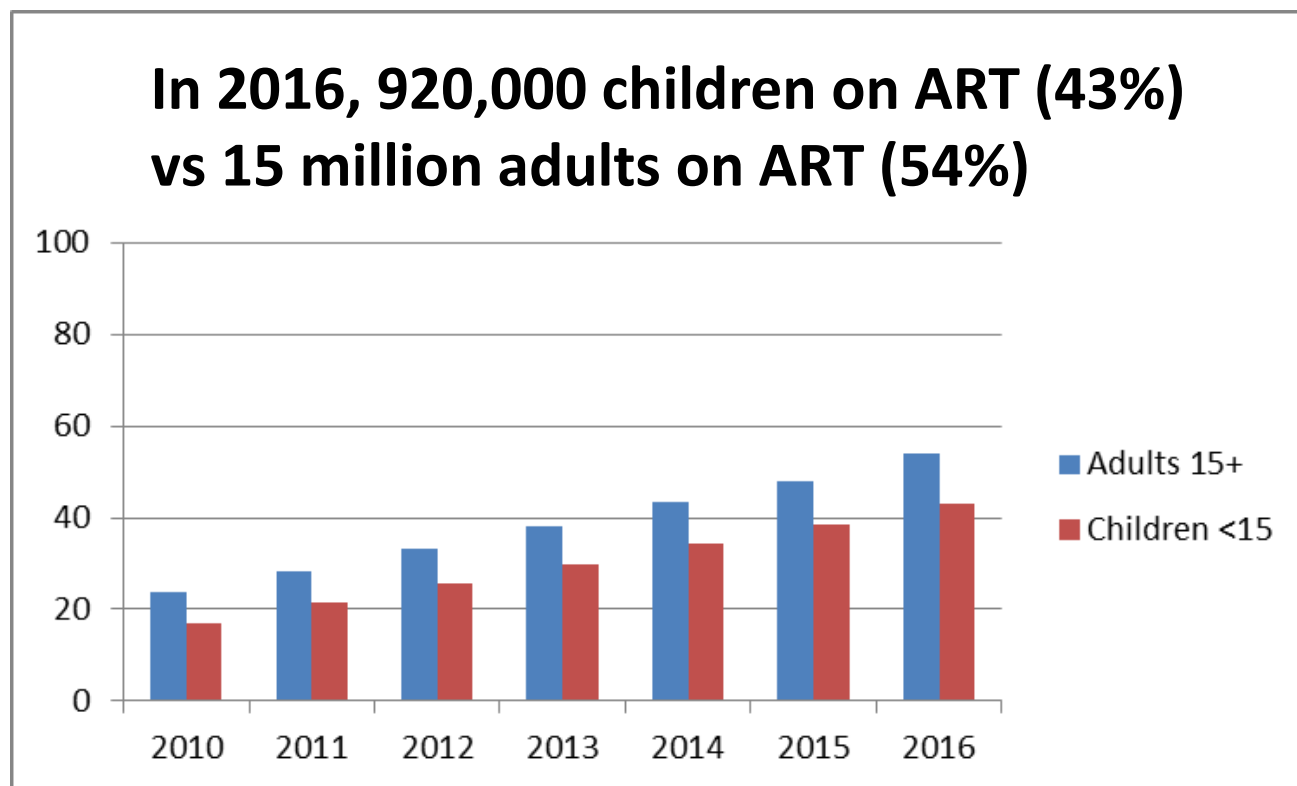
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Day 2: TREAT

Day 2 focused on linkages to and HIV treatment, within a framework of differentiated service delivery (DSD) for improved retention and adherence.

WHEN	WHERE
Monthly	HIV clinic / hospital
Every 2 months	Primary care clinic
Every 3 months	Other clinic
Every 6 months	Community
	Home

WHO	WHAT
Physician	ART initiation / refills
Clinical officer	Clinical monitoring
Nurse	Adherence support
Pharmacist	Laboratory tests
Community health worker	OI treatment
Patient / peer / family	Psychosocial aupport

"There should be ZERO "pre-ART" kids in your clinic registers…if there are, TREAT them! If there any who have been lost to follow up, tracking, finding and bringing them back to care should be a priority." – Dr Shaffiq Essajee, UNICEF

Paediatric treatment coverage is still too low...mind the GAP

In 2016, 920,000 children on ART (43%) vs 15 million adults on ART (54%)

ART coverage among adults and children, Eastern and Southern Africa, 2010-2016

ART coverage among adults and children, Western and Central Africa, 2010-2016

Source: UNAIDS, 2017

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Source: ARASA

Countries who have reported numbers on ART for 10–14 year olds through Global AIDS Monitoring, 2017
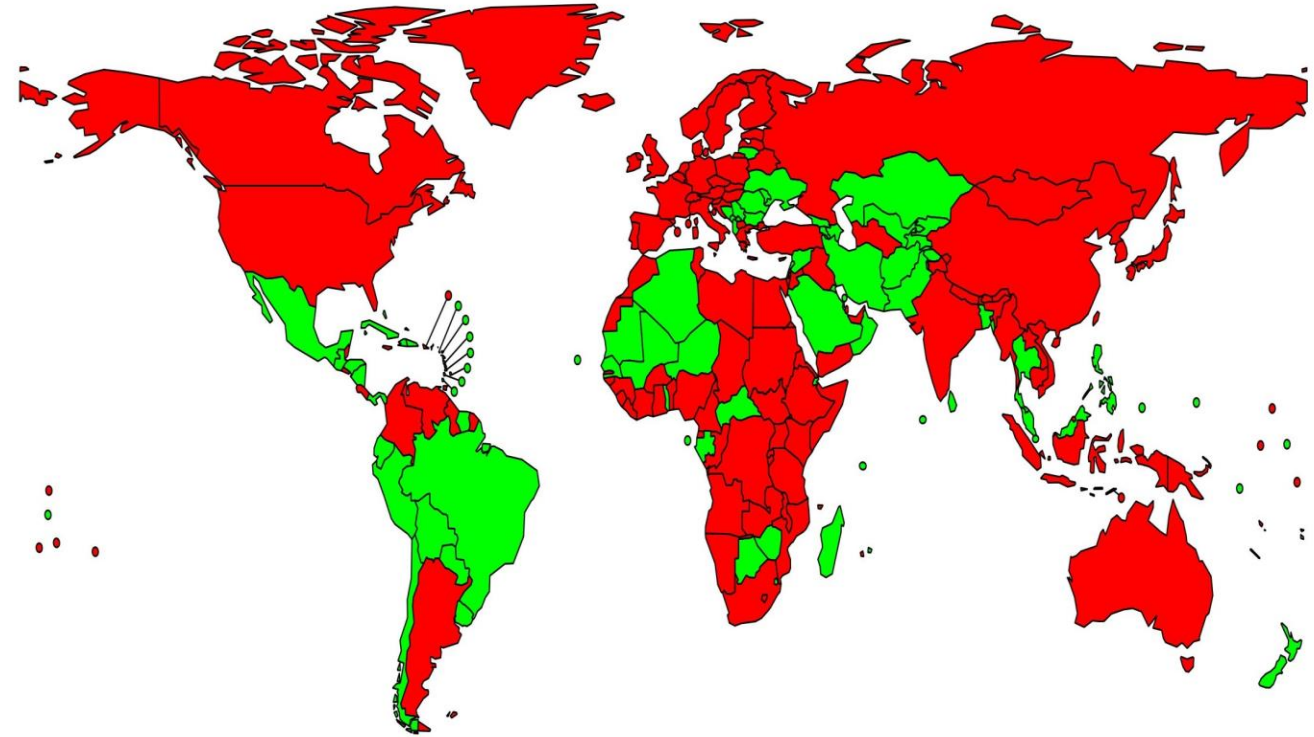
Data submitted in March 2017 for December 2016.
Source: UNAIDS, May 2017

Suboptimal formulations and increasing levels of drug resistance

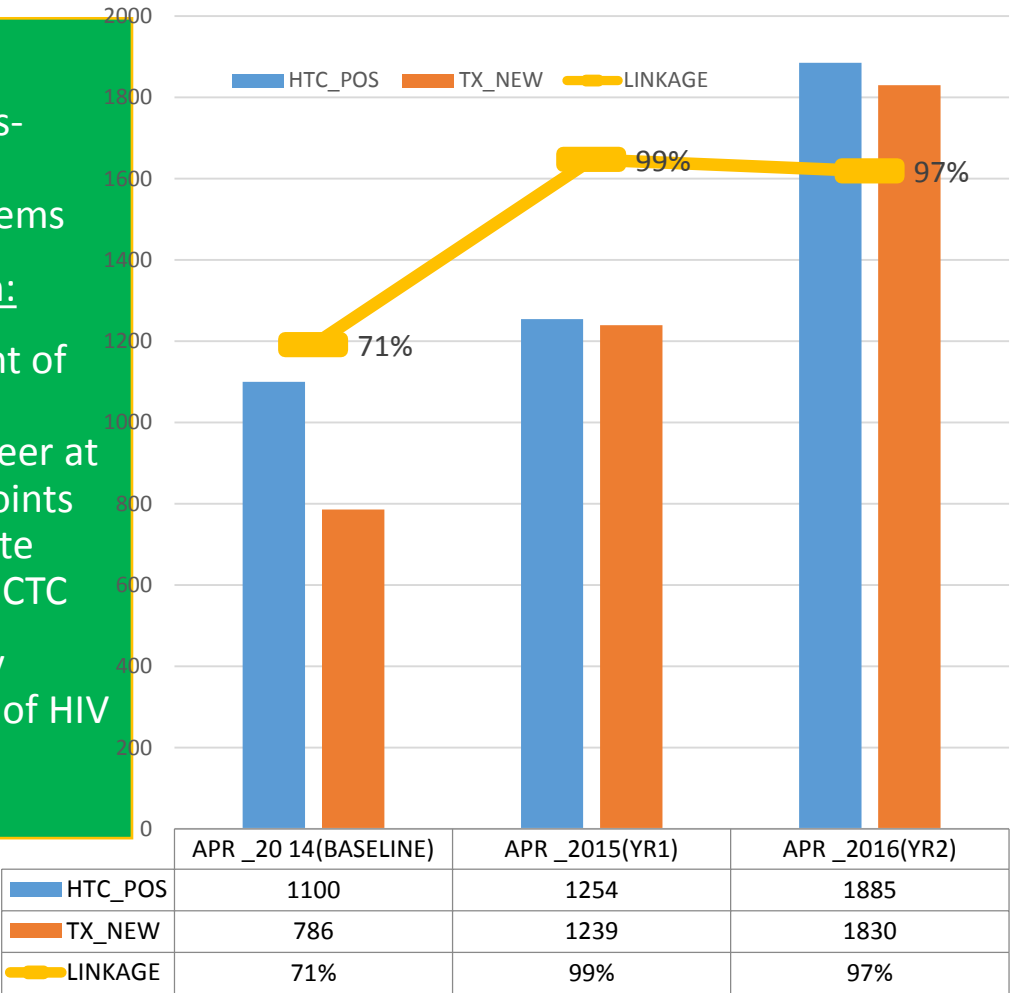Lack of confidence to initiate neonates and infants by non-paediatricians leads to delays

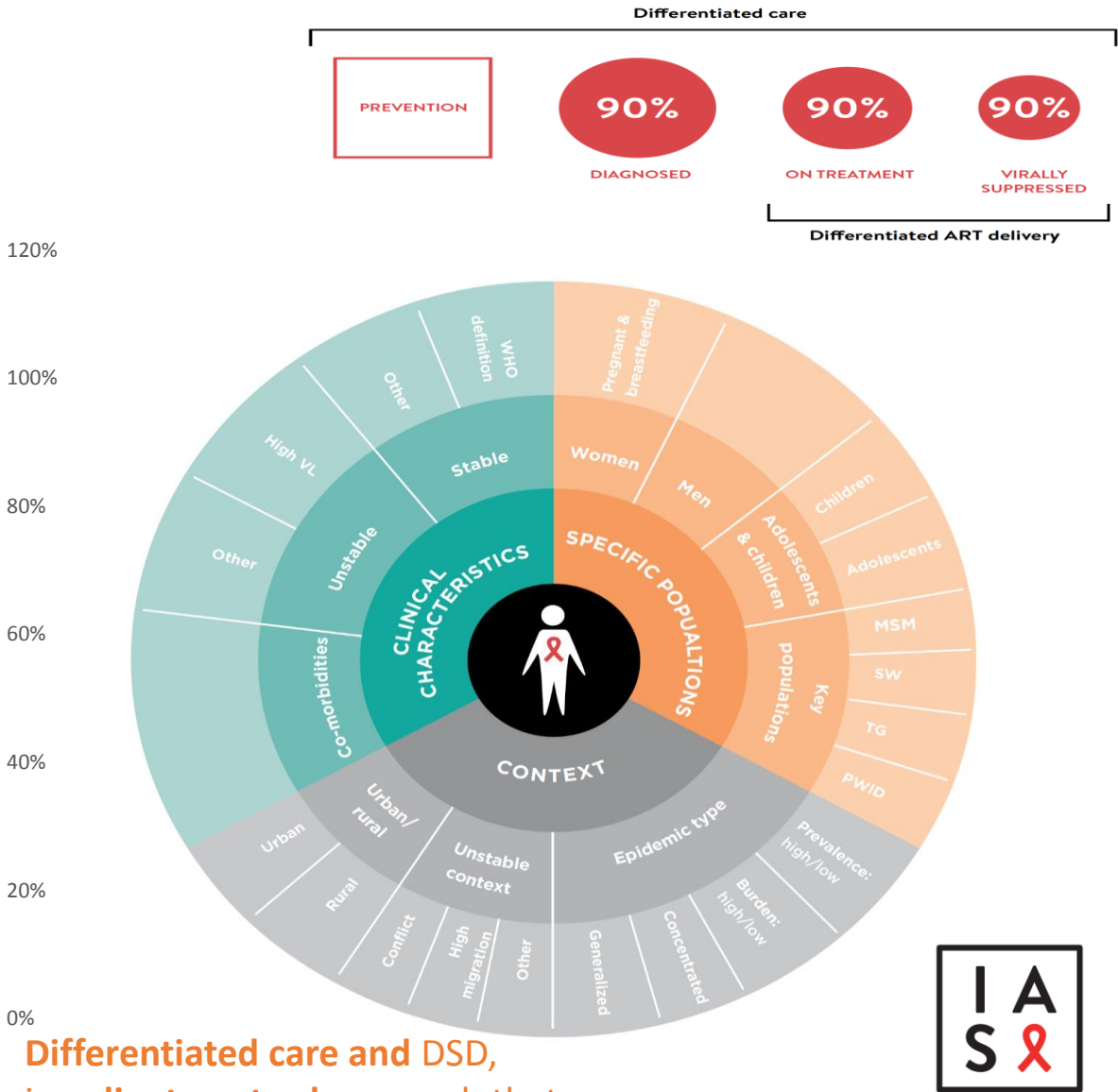# Improve Linkage to ART and treatment delivery

Gaps

Low linkages- Incomplete referral systems

Intervention:

- Placement of focal person/peer at testing points to facilitate escort to CTC

- Same day initiation of HIV care

	APR _20 14(BASELINE)	APR _2015(YR1)	APR _2016(YR2)
HTC_POS	1100	1254	1885
TX_NEW	786	1239	1830
LINKAGE	71%	99%	97%

LINKAGE INCREASED FROM 71% -> 97-99%

Source: ACT Initiative in Tanzania

Differentiated care and DSD,
is a **client-centred** approach that
simplifies and adapts HIV services **across the cascade** to reflect the preferences and expectations of various groups of people living with HIV (PLHIV) while **reducing unnecessary burdens on the health system**.
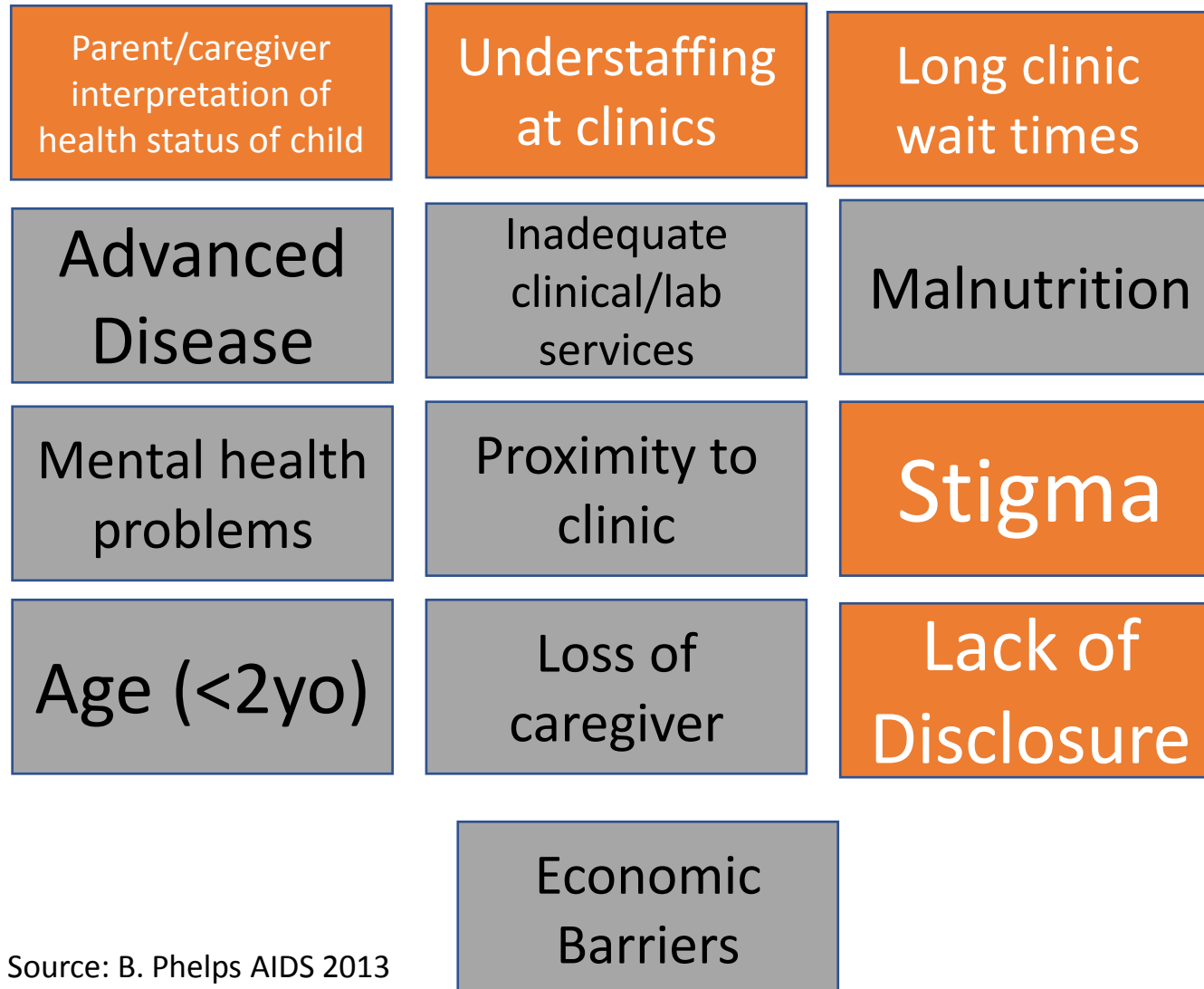
Promising Practices

Strategy	Who	Results	Lessons
Youth-led services – SRHR-HIV service integration	SAfAIDS, Zimbabwe	Communication barriers between adults & YP broken > increase in knowledge > increase in accessibility > transformational leadership skills > risk reduction practices	• Diversity & inclusion • Engaging young people's circle of care & influencers
Data-driven programming	Right to Care, South Africa	Data sorted > data shared with teams > follow-ups made with facilities > patients traced > feedback of outcomes provided > data compared, consolidated & reported	• Inter-facility communication • Support in managing results • Information incorrectly recorded • Time-consuming
Differentiated Service Delivery (Fast-track pharmacy refills, YPLHIV-offered support, electronic queuing, community volunteer led model for ART delivery) (Learning Network)	Baylor College of Medicine Children's Foundation, Uganda ICAP, USA	Reduced waiting time, 83% received fast track refill or community-based ART delivery, VL suppression between 90% and 99% Workshops held > communities of practice developed	• Community engagement • YPLHIV engagement • Low staffing levels • Community ART refills objected to – health facility seen as a social meeting place
Scale-up of ART	Queen Elizabeth II, Lesotho	Same day ART initiation > 136% increase in adolescents testing for HIV > dedicated health worker team established > peer supporter groups	• Non-judgmental attitude • Peer assistance • Trust-building • Disclosure • Consent for children under 12
Support groups for disclosure & treatment	Lobamba Clinic, Swaziland	Improved disclosure rates Proactive V/L monitoring & follow-up Support groups transitioning to treatment groups	• Refresher trainings on V/L monitoring • Educating on V/L • Doctor outreach support visits • Poor clinic attendance by caregivers • Laboratory issues • Short-staffed

Day 3: CARE

Day 3 highlighted the importance of psychosocial support for HIV-affected children, adolescents and families, with the clinic as a key entry point. Emphasis was also placed on resilience-building of health providers as a critical strategy for effective and sustainable service delivery on the frontline.

What drives low retention in children?

Parent/caregiver interpretation of health status of child	Understaffing at clinics	Long clinic wait times
Advanced Disease	Inadequate clinical/lab services	Malnutrition
Mental health problems	Proximity to clinic	Stigma
Age (<2yo)	Loss of caregiver	Lack of Disclosure
	Economic Barriers	

Source: B. Phelps AIDS 2013

Why taking pills is so different to eating sweets

Generational identities
Children and young people had particular needs for the smell, taste and delivery mechanism of medicines.

Medicines that conferred confidentiality, were easy to swallow, transport and conceal, were the most highly valued

Promising Practices

Strategy	Who	Results	Lessons
Nurse-led mentorship	Anova Health Institute, South Africa	Seven mentoring sites established > 50 nurses completed 4-5 sessions at various sites > initiations & linkage improved	• Clinical workbook with relevant material • Feedback & follow-up • Attendance • Staff turnover
Community-Clinic Collaboration	Maboleni Clinic, Zimbabwe	HIV mothers enrolled from 8 health facilities > mothers trained on importance of first 1000 days of life, PMTCT, nutrition, responsive parenting, family planning	• Mothers shared experiences & learnt from each other • Training supervision • Mothers failing to complete training due to lack of family support
Peer support services Peers to Zero	ISS Mulago, Uganda & Zalewa Clinic, Malawi	YPLHIV engaged in delivering support service in clinic > promotes retention, adherence, viral suppression & linkage > creates youth-friendly clinic service	• Skill-building • Increased levels of disclosure • Less self-stigma • Friendlier health providers • Integration into health system/community • Limited resources • Not accredited in health system
Learning teams for in-service and self-learning	Small Projects Foundation, South Africa	Learning team set-up at facility level in 49 clinics, headed up by nurses > nurses coordinate learning of HWs, monitor progress, support & explain Learning material developed	• Improved work-related knowledge • Improved job satisfaction • Need for stewardship • Poor infrastructure • Inadequate training opportunities
Support groups for disclosure	Chantal Biya, Cameroon	352 children/adolescents identified > 325 parents/guardians contacted & interviewed > 322 agreed to include child in disclosure process > 180 children completely disclosed	• Support groups allowed for shared experiences • Psychosocial support • Disclosure = long process • Parents not attending facility after disclosure
Differentiated Service Delivery (Youth Care Clubs)	Wits RHI, South Africa	325 YYC members > 81% virally suppressed > 88% = retention in care	• Quick access to ART • Peer support • Clinic hours • Staffing

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THE RESILIENCE TIGHTROPE

Reaching our

DREAM

Public Health System

Living our

NIGHTMARE

A living, human system

2 systems need a different kind of investment

zoë·life
AUTHENTIC ABUNDANCE

Tools
Enablers
Relational
Systems
Personnel

Skills
confidence

Working conditions - health and safety - recourse

VALUED
Motivated
Healthy
Health force
TIME

Training-platforms
Capacity
Pathways to development

Resilience
Psychosocial

Motivation
Satisfaction

This all depends on people

"Strengthening the health force is critical for implementation."
Angela Mushavi, Zimbabwe

"We can't do anything without **people**. People are at the centre of the system." Stephanie Thomas, Zoe Life

"Ministry of Health should know that down here we are suffering. We seriously get burnt out." Thuthuli Makhtsi

"What is the difference between me as a peer supporter, providing services from 9-5, and a counsellor, providing services from 8-4.30? We do similar work, but the counsellor is getting a salary, and I am getting a stipend." Kelvin, READY+

From the youth: we make great partners & help to achieve great results!

- We understand the issues other young people are facing so we can help shape services and how they are delivered

- We know how to speak to our peers to build their knowledge

- We know how to engage our peers in activities that will encourage them to feel good about themselves, to take care of themselves, to visit health facilities, to ask questions and to speak up when they need help

- We know where the gaps are and we can speak up and advocate for these so our health facilities are well-staffed, well-resourced and so we can serve children, adolescents and young people well

GLOBAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV

READY
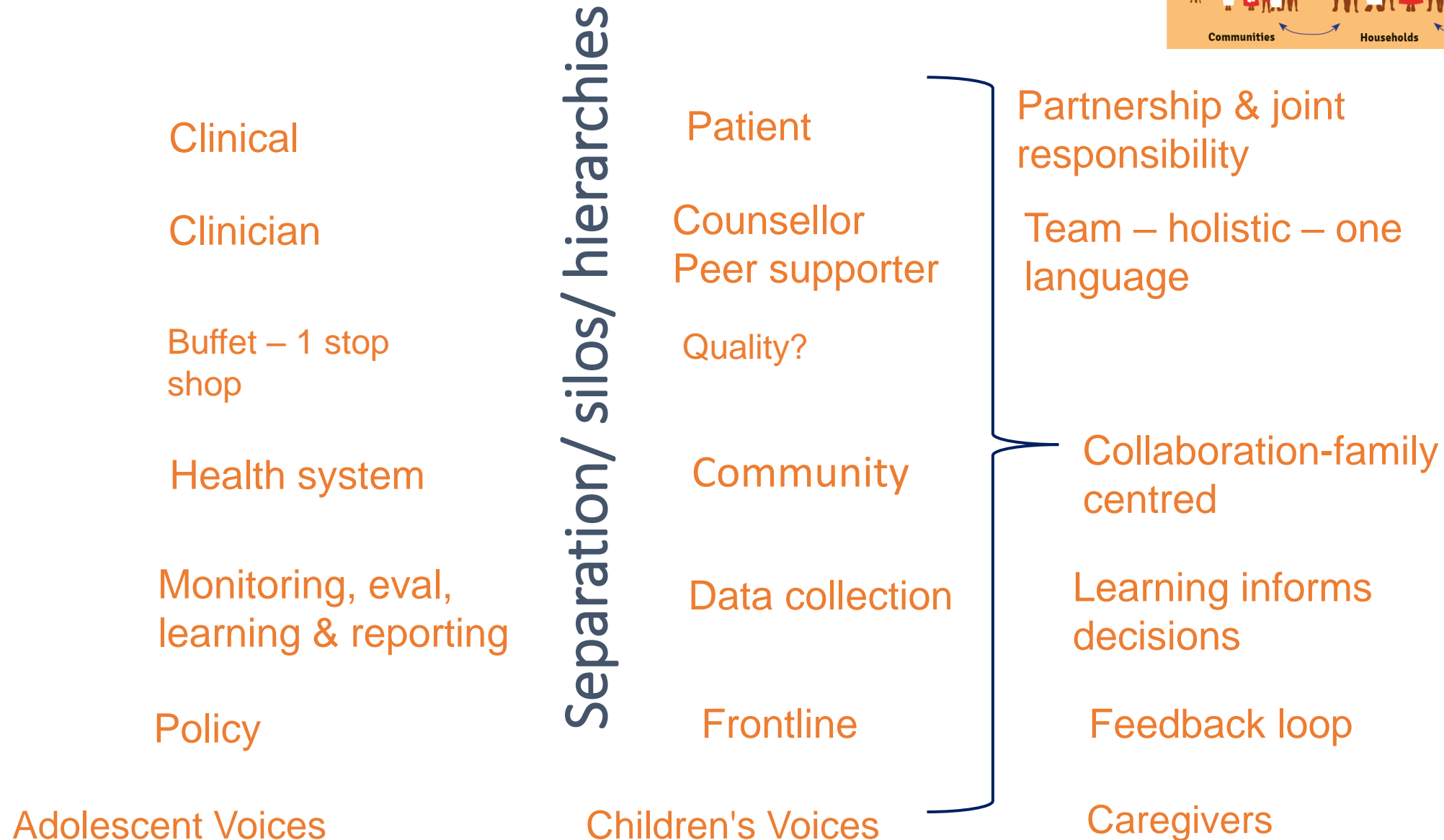RESILIENT & EMPOWERED ADOLESCENTS & YOUNG PEOPLE

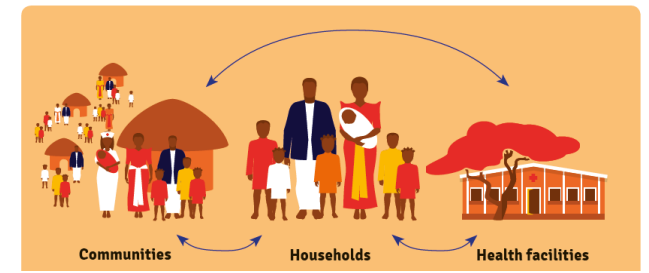- **Good at** Developing frameworks, strategies & policies &
  - Innovation – adapting & responding to our context

BUT... are these talking to each other?

- The application and consistent implementation of policy is not easy

Implementation   ?   Policy formulation

Local –   Province - Region   National   Global
District

Crossing the divide?

Communities — Households — Health facilities

Separation/ silos/ hierarchies

Clinical

Clinician

Buffet – 1 stop shop

Health system

Monitoring, eval, learning & reporting

Policy

Adolescent Voices

Patient

Counsellor
Peer supporter

Quality?

Community

Data collection

Frontline

Children's Voices

Partnership & joint responsibility

Team – holistic – one language

Collaboration-family centred

Learning informs decisions

Feedback loop

Caregivers

It's up to us

"We should ask ourselves, 'Is this the best we can do?'"
Nandita Sugandhi, ICAP

"We need to ask ourselves: 'Why am I here?" Immaculate

"We can't keep doing the same thing and expect to double our patient cohort." Anna Grimsrud, IAS

"It's been really good to hear about the good practices from other people who work in my part of the world but also in other countries. I've also found it so useful to hear what challenges people are facing when delivering services, because some of their challenges are the same as mine. Listening to how they've overcome these challenges has been so useful to me."

"I have gone through so many pages of notes because the information is so intense and so useful. It is incredibly practical - not just abstract information that we can't use. I just hope now that everyone goes back and shares it with other people so that we can improve services. The point of a space like this is to use the information practically."

"The summit has been amazing - highly engaging and relevant. The way they brought all of the experts together has been relevant.

"We are really looking forward to partnering more with PATA."

"This is not just a summit, it is a learning avenue for most of us but especially health workers."

In partnership with:
The ELMA Foundation

Positive Action for Children Fund (PACF), M.A.C AIDS Fund, Aidsfonds and the
Robert Carr civil society Networks Fund

THANK YOU!